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PTO/SB/05 (08-03)  
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b> H0610.0355/P355	
	<b>First Inventor</b> Tommy Hansen	
	<b>Title</b>	HIGH TEMPERATURE FIXED BED REACTOR
	<b>Express Mail Label No.</b>	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>8</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>1</b> ]	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper
5. Oath or Declaration [Total Sheets <b>4</b> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy)	c. <input type="checkbox"/> Statements verifying identity of above copies
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

#### ACCOMPANYING APPLICATION PARTS

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|--|--|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee)   | <input type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |
| 12. <input type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449  | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment   |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                  |  |
| 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)                               |  |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |  |
| 17. <input checked="" type="checkbox"/> Other: Recordation Form Cover Sheet  |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

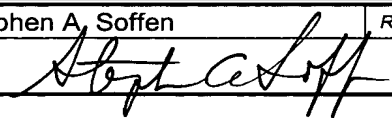
Prior application information: Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: 24998	<input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b> DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Stephen A. Soffen		
<b>Address</b> 2101 L Street NW		
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20037-1526
<b>Country</b> US	<b>Telephone</b> (202) 785-9700	<b>Fax</b> (202) 887-0689

<b>Name (Print/Type)</b> Stephen A. Soffen	<b>Registration No. (Attorney/Agent)</b> 31,063
<b>Signature</b> 	<b>Date</b> November 5, 2003

110503 13281 U.S. PTO

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Concurrently Herewith
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Tommy Hansen
		Examiner Name	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$)		Art Unit	N/A
(\$)		Attorney Docket No.	H0610.0355/P355
TOTAL AMOUNT OF PAYMENT (\$)		H0610.0355/P355	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION		Fee Description	
1. BASIC FILING FEE		Fee Paid	
Large Entity Small Entity		SUBTOTAL (1) (\$)	
Fee Code Fee (\$)		770.00	
Fee Code Fee (\$)		770.00	
Fee Description		770.00	
Fee Paid		770.00	
SUBTOTAL (1) (\$)		770.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		SUBTOTAL (2) (\$)	
Total Claims 9 -20** = 0.00		0.00	
Independent Claims 3 -3** = 0.00		0.00	
Multiple Dependent		0.00	
Large Entity Small Entity		SUBTOTAL (2) (\$)	
Fee Code Fee (\$)		0.00	
Fee Code Fee (\$)		0.00	
Fee Description		0.00	
Fee Paid		0.00	
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$)	
		40.00	
SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type) Stephen A. Soffen		Registration No. 31,063	
Signature		Telephone (202) 828-4879	
		Date November 5, 2003	